

## Foster Family Home - Corrective Action Report

Provider ID: 1-599582

Home Name: Sharon Gasmen, CNA

94-986 Kualua Place

Waipahu HI 96797

Review ID: 1-599582-7

Reviewer: Julie Hastings

Begin Date: 4/16/2020

### Foster Family Home Required Certificate

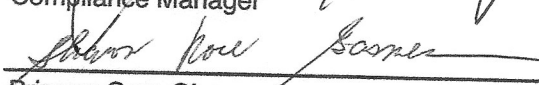
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.  
-Home is in compliance with all requirements. Home will receive a 3 bed certification

  
Compliance Manager

  
Primary Care Giver

4/16/2020  
Date

4/20/2020  
Date